

**AUTHORIZATION TO
TRANSFER ACCOUNT**

(Print in Block Letters)

TO _____
Name of Broker who has to execute the transfer (the "Broker")

Name of Client

Social Insurance No.

Address (No., Street, Apt.)

City Province

Postal Code

To whom it may concern,

I hereby authorize that the account(s) you hold on my behalf be transferred to **National Bank Direct Brokerage Inc. OR to** **Express Brokerage** ("Brokerage") and that Brokerage accept said account(s). This transfer includes all securities, long and short, and any credit or debit balance. Deliveries of securities short is to be made against payment. These instructions are subject to the acceptance of said account(s) by Brokerage.

Please transfer all: in cash or in kind **TOTAL OR** **PARTIAL: \$** _____

ACCOUNT NUMBER AT CEDING BROKER*	ACCOUNT NUMBER AT BROKERAGE	TYPE OF ACCOUNT (Cash or margin)	CURRENCY
1-			
2-			
3-			
4-			
5-			

In the event that, for any reason, any of the securities held in my account cannot be delivered to Brokerage in accordance with the related instructions, I request that you contact me in writing immediately, indicating the security in question and the reason for which it cannot be delivered.

I acknowledge that you may require a fee to be paid prior to delivery of the account(s) and hereby instruct Brokerage to pay or have this fee deducted from any credit balance with you, in accordance with your current schedule of published rates.

I have also asked Brokerage to act on my behalf to settle any incidental account differences or adjustments which may arise with you as a result of this account transfer request.

*** PLEASE ATTACH A RECENT COPY OF ACCOUNT(S) STATEMENT(S).**

PLEASE CANCEL ALL OPEN ORDERS (G.T.C.) FOR MY ACCOUNT(S) ON YOUR BOOKS.

Date Signature of Witness Signature of Client

TO BE COMPLETED BY THE BROKER AND BROKERAGE

INFORMATION ON BROKER

Name of Broker

Address

Department/City

Contact Name

Contact Phone No.

FINS Number

INFORMATION ON BROKERAGE

**NATIONAL BANK DIRECT
BROKERAGE INC.** **EXPRESS BROKERAGE**

1100, rue University, 7e étage
Address

Montréal (Québec) H3B 2G7
Department/City

Contact Name

Contact Phone No.

FINS Number: M098